

Colorado Intergovernmental Risk Sharing Agency (CIRSA)
2005 EVENT HOLDER INSURANCE QUOTE APPLICATION
(To be attached to Permit Application, if desired)

Name and Address of Renter or Permit Holder: (Same as on Permit Form or Rental Form)

Event Contact Person: _____
(Authorized to sign all documents)

Daytime Phone Number: (____) _____

EVENT INFORMATION

Date(s) Held: _____ Time: _____
(Include set-up and take down days)

Location of Event: _____

Detailed Description of Event: _____

Total Attendance (Per Day) including Participants and Spectators:
(Note: If number of participants exceed 7,000, then a separate application will be required)

Day One	_____	Day Six	_____
Day Two	_____	Day Seven	_____
Day Three	_____	Day Eight	_____
Day Four	_____	Day Nine	_____
Day Five	_____	Day Ten	_____

<u>Additional Event Exposures</u>	Yes	No	
Vendors/Exhibitors/Concessionaires?	_____	_____	How Many? _____
Caterer?	_____	_____	
Liquor Served?	_____	_____	
Liquor Sold?	_____	_____	
Food/Non-Alcoholic Beverages Served?	_____	_____	
Food/Non-Alcoholic Beverages Sold?	_____	_____	
Entertainment Activities? (Provide a List)	_____	_____	
Armed Security Guards?	_____	_____	

Please review contracts and attach a separate sheet, listing names and addresses of all parties requiring to be named as Additional Insured.